Headquarters U.S. Air Force

Integrity - Service - Excellence

ICD-9-CM Coding Overview

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Disclaimer

- I do not expect anyone listening to this talk, except providers or coders, to code. Coding is not something that can be learned in a one-hour talk, it takes practice, knowledge of medical terminology and an understanding of the disease process.

- Data users need to understand what <u>can</u> be coded and what the coded <u>data means</u>.

Just some general comments

- Count/non-count has nothing to do with coding
- MEPRS (FCC) codes have nothing to do with coding
- Appointment types have nothing to do with coding

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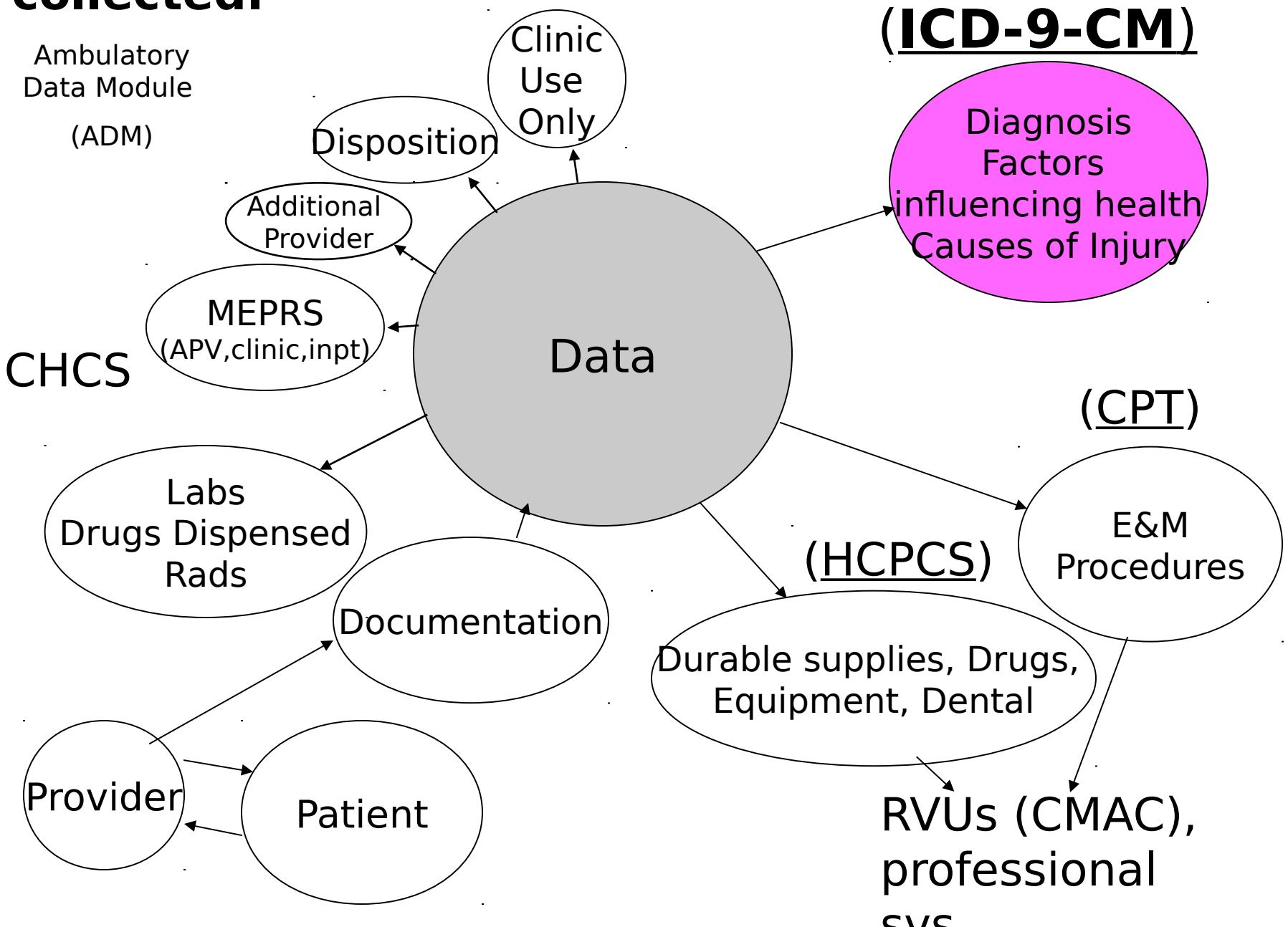
Objectives

- Identify steps for correct **professional services (outpatient) “Diagnosis” coding**
- Examine how to look up the diagnostic code in the ICD-9-CM book/CD
- Recognize appropriate ICD-9-CM nomenclature
- Identify appropriate ICD-9-CM coding system for data collection
  - diagnoses
  - factors influencing health
  - causes of injury

CODING PICTURE – What can be collected.



ADM Patient Encounter

ANT,ADAM 20/806-51-0101 AGE:51y

Appt Date/Time : 28 Jun 2002@1600 Type: ROUT Status: KEPT

Clinic: GENERAL SURGERY SAME DAY SURGERY MEPRS : BBA5

In/Outpatient: Outpatient APV: Yes Work Related: No

Appt Provider: BUNNY,EASTER Injury Date :

2nd Provider #1: CLAUS,SANTA Role: ASSISTING

2nd Provider #2: Role:

Disposition: RELEASED W/ WORK DUTY LIMITATIONS

==========

ICD-9 Dx Description Priority

+ 401.0 MALIGNANT HYPERTENSION 3

305.1 TOBACCO USE DISORDER U

250.60 DIABETES W NEULOL MANIF UNSPEC 4

278.01 MORBID OBESITY 2

Chief Complaint: 540.9 ACUTE APPENDICITIS NOS

What may we code?

- Code ONLY what is documented
- Need legible, complete documentation

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Overview

- Background/uses
- Narrowing down the possibilities
- Coding using the alphabetic index and tabular lists
- NEC/NOS
- V-Codes (factors influencing health)
- E-Codes (external causes of injury)
- General coding info
- Pick Lists/Super bills

ICD History - understand development thought process

- Originally used for research
- Designed for use in epidemiology
- Had nothing to do with outpatient money
  - Well, not directly
  - Shows medical necessity
- Split into sections infectious, neoplasms, endocrine, mental health, nervous system, circulatory...

Uses

- To explain professional services - office visits and procedures
- Classify morbidity and mortality info for statistical purposes/national reporting
- Conducting epidemiological and clinical research (e.g., SARS)
- Data storage and retrieval
- Basis of Diagnosis Related Groups (DRGs) for institutional (hospital) reimbursement (not professional fees, not clinic reimbursement)

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Uses continued

- Reporting of diagnosis by credentialled providers - used to collect data for boards and recredentialling
- Evaluating the appropriateness and timeliness of medical care
- Planning health care delivery systems
- Determining patterns of care among health care providers

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Steps to Correct Outpatient Diagnosis Coding

- Identify all the reasons for the patient visit
- Include underlying causes of diseases
- Include comorbidities that impact the services furnished at the encounter
- Separate those diagnoses for which you are sure from those that are unconfirmed
- List in order, with main reason for visit listed first, then the dx having the most impact on the visit
- Look up the dx in the alphabetical listing, usually listed under the noun

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Diagnosis Coding
Alphabetic Index

- **Never code directly from index** (except for the hypertension and neoplasm tables) – particularly for institutional coding (hospital)
  - Super bills – these hopefully have been reviewed by your MTF/clinic/service and the amount of data collected reflects the level you need
- **Look under main terms**, usually the noun
- Be alert for notes regarding **5th digits**
- E-codes in separate alphabetic index
- Other terms to remember:
  - Pregnancy, Puerperal, Complications, Late effect, Problem, Screening, Foreign Body, Fever, Contusion

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Diagnosis Coding Alphabetic Index

- Fever 780.6 (approximately 400 sub-entries)
  - with chills 780.6
  - Assam 085.0
  - due to heat 992.0
  - Fort Bragg 100.89 (synonym for Pretibial Fever)
  - hemorrhagic (arthopod-borne) NEC 065.9
  - pyemic - see Septicemia
  - Q 083.0
  - **spring 309.23**

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Diagnosis Coding Alphabetic Index - look at tabular

- 309 Adjustment Reaction
- 309.2 With predominate disturbance of other emotions
  - 309.23 Specific Academic or Work Inhibition - an adjustment reaction which a specific academic or work inhibition occurs in an individual whose intellectual capacity, skills, and previous academic or work performance have been at least adequate, and in which the inhibition occurs despite apparent effort and is not due to any other mental disorder.

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Diagnosis Coding - Tabular Notes

- Look at the number in the tabular, read and be guided by the notes
- For outpatient coding, ignore “unacceptable principal dx”
- **V70.5 Health Exam of Defined Subpopulation
  - Armed forces personnel; inhabitants of institutions; occupational health exams; pre-employment screening; pre-school children; prisoners; prostitutes; refugees; school children; students
  - Be careful of extender codes – understand when and how to use the **V70.5 6 post-deployment problem**

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Diagnosis Coding - More Tabular Notes

- [ ] Brackets - enclose synonyms, alternative wordings, or explanatory phrases
- **230 Carcinoma in situ of digestive organs**
- **230.0 Lip, oral cavity, and pharynx**
  - **Gingiva**
  - **Hypopharynx**
  - **Mouth [any part]**
  - **Nasopharynx**
  - **Oropharynx**
  - **Salivary gland or duct**
  - **Tongue**

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Diagnosis Coding - More Tabular Notes

- ( ) Parentheses - supplementary words, does not affect code
- 220 Benign neoplasm of ovary
- 221 Benign neoplasm of other female genital organs
- 221.0 Fallopian tube and uterine ligaments
  - Ovaduct
  - Parametrium
  - Uterine ligament(broad)(round)(uterosacral)
  - Uterine tube

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Diagnosis Coding - Using ADM

- When ADM description is truncated, look in book
  - or http://www.e-mds.com/services/icd9/index.html
- Learn secret words, e.g., contusion for hematoma on skin, bruise for organ; neoplasm
- Be aware of “silly” words, e.g., lactose intolerance is disaccharidase def/malab or hypopotassemia instead of hypokalemia
- DoD Extender Codes - not in book, look at list of extenders
- Pick lists/Super bills - make good ones

ICD-9-CM Nomenclature

- NEC - Not elsewhere classifiable. To be used ONLY when the coder lacks the information necessary to code the term to a more specific category
- 281.1 Other vitamin B12 deficiency anemia
- 281.2 Folate-deficiency anemia
- 281.3 Other specified megaloglastic anemias **not elsewhere classified**
- 281.4 Protein-deficiency anemia
- 281.8 Anemia associated w/other specified nutritional deficiency
- 281.9 Unspecified deficiency anemia

518.8 Other diseases of lung

518.81 Acute respiratory failure

Respiratory failure NOS

Excludes: acute and chronic respiratory failure (518.84)

acute respiratory distress (518.82)

chronic respiratory failure (518.83)

respiratory arrest (799.1)

respiratory failure, newborn (770.84)

518.82 Other pulmonary insufficiency, **not elsewhere classified**

Acute respiratory distress

Acute respiratory insufficiency

Adult respiratory distress syndrome NEC

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ICD-9-CM Nomenclature

- NOS - Not otherwise specified. The equivalent of “unspecified”
- 078.1 Viral Warts
- 078.10 Viral Warts, **unspecified**
- 078.11 Condyloma acuminatum
- 078.19 Other specified viral warts;
  - Genital warts, NOS
  - Verruca: Plana, Plantaris

- **Based on your level of data analysis, this is probably a fine code (need to balance resources for data collection vs usefulness of data)**

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Diagnosis Coding - Additional Digits

- Assure you have it coded to the 4th or 5th digit if applicable. A code is invalid if it has not been coded to the full number of digits required for that code (or if an extender code is not used).
- Coding ALL available digits is what the CMS considers coding to the highest specificity.
  - When you look at pick lists and see **inactive** - means additional digits now available or that the code changed since it was entered on the pick list
- DoD Extender Codes

Diagnosis Coding - Pre-existing Conditions

- Code only conditions that currently exist AND influence the patient's care
- Do NOT code conditions that existed in the past and no longer exist

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Diagnosis Coding - More than 4 Codes

- For DoD diagnosis coding, you are limited to 4 codes -- and unconfirmed
  - When doing prevention, frequently you need to code more than 4 items
  - Option - code prevention type codes using the “U” – if you will use the data, otherwise, why invest the resources?
  - “U” codes do not go forward in the SADR to the Military Health Services (MHS) Mart (M2)

Diagnosis Coding - Highest level of certainty

- Rule 1 - code to the precise code necessary for your data use - Call a cold “A Cold”
  - 079.9 Unspecified viral infection (Very broad)
  - 460 Cold, acute nasopharyngitis
  - 465.9 Acute upper respiratory infections of multiple or unspecified sites - unspecified site (Broad)
- Codes that describe symptoms and signs are acceptable for reporting purposes, when an established diagnosis has not been diagnosed by the provider

Diagnosis Coding - Unconfirmed

- Code diagnoses documented as “probable,” “suspected,” “questionable,” “rule out,” or working diagnosis with a “U” (Air Force – other services, ask your service point of contact)

- 1,2,3,4,Unconfirmed

- List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided – this automatically feeds the chief complaint field (if you renumber, you need to manually update the chief complaint in ADM)

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Diagnosis Coding

- Diagnosis 1
  - Cannot use an italized code “Code first underlying disease”
  - Cannot use an E-code

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V Codes

- Factors Influencing Health Status and Contacts with Health Services
- Look under terms such as:
  - Admission,
  - Attention to,
  - Counseling,
  - Exposure,
  - Examination,
  - Follow-up,
  - History (of),
  - Observation,
  - Problem (with),
  - Screening,
  - Status,
  - Vaccination

V-Code examples

- Exposure to communicable disease (e.g., rabies, tuberculosis, viral diseases)
- Need vaccination
- Need vacation (V60.5 Holiday relief care; provision of health care facilities to a person normally cared for at home, to enable relatives to take a vacation)
- Personal or family hx of malignant neoplasm
- Personal hx of other dx (e.g., polio, malaria, colonic polyps)

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V-Code examples

- Allergies to medications (e.g., pcn, sulfa)
- Allergies to other than medications
- Hx of physical or emotional abuse
- V15.82 Hx of tobacco use
- V20.2 Well baby visit
- V22.0 Supervision of normal first pregnancy

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V-Code examples

- V26.4 Vasectomy counseling
- V50.3 Ear piercing
- V65.2 Person feigning illness
- V65.3 Dietary counseling
- V65.41 Exercise counseling
- V65.42_1/2 Substance use/abuse
- V65.44 STD counseling

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V-Code examples

- V65.5 Worried, well; problem was normal state
- V68.1 Issue of repeat prescriptions
- V69.0 Lack of physical exercise
- V69.1 Inappropriate diet and eating habits
- V69.2 High risk sexual behavior
- V70.3 Physicals (not PHA), prison, camp, school

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V-Code examples

- V72.3 GYN exam
- V72.4 Pregnancy Test
- V72.81/2/3/4 PRE-OP EXAMS!!! (reason for surgery would be second code)
- V76.X Cancer screenings
- V77.1 DM screening
- V78.2 Sickle-cell Disease or Trait
- V80.1 Glaucoma screening
- V81.1 Hypertension screening

DoD Extenders

- V621_ _0 Occupational Stress Counseling
- V6281 _ _0 Mental Health Counseling
- V6281 _ _1 Stress Counseling
- V6281 _ _2 Suicide Counseling
- V6542 _ _0 Alcohol Abuse Counseling
- V6542 _ _1 Substance Abuse Counseling
- V6549 _ _0 Cancer Prevention Counseling
- V6549_ _1 Present Medications Counseling
- V6549 _ _2 Hormone Replacement Counseling

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DoD Extenders

- V6549_ _3 **Calcium Replacement Counseling**
- V6549_ _4 **Tobacco Cessation Counseling**
- V6549_ _5 **Travel Counseling**
- V6549_ _6 **Occupational Exposure Counseling**
- V705_ _0 **Armed Forces Screening Examinations**
- V705_ _1 **Aviation Examinations**
- V705_ _2 **Periodic Prevention Examinations**
- V705_ _3 **Occupational Examinations**
- V705_ _4 **Predeployment Prevention Examinations**
- V705_ _5 **During Deployment Prevention Examinations**
- **V705_ _6 Post Deployment Prevention Examinations**
  V705_ _7 **Fitness for Duty Examinations**
- V705_ _8 **Accession Examinations**

E Codes – Describe circumstances of incident

- External Causes of Injury
  - There may be a service restriction on these, ask your service
- Not used as primary diagnosis
- Only code it the first time a patient is seen for the problem caused by the external cause
  - For instance, if you see and treat a fracture, use the e-code and the fracture code. The second time you see the fracture, it would be after care for the fracture, see the V54 codes
- Not expect to see these codes in PT, HAWC

E Codes

- As of 01 Jan 2001 - able to use all E-code unless deployed (e.g., battle)
- Examples: motor vehicle accidents, dog/ snake/human bites, sports injuries, accidental poisoning, misadventures to pts during surgical and medical care, falls, caused by fire, caused by environmental factors [air pressure, cold, exposure], storms, suffocation, foreign bodies (E869.4 due to inhalation of second-hand tobacco smoke)

E-codes

- Separate index behind Table of Drugs and Chemicals (in front of tabular)
- E-code goes forward in SADR if it is in the 1, 2, 3 or 4 diagnosis (not if it is in a “U”)
- Some situations need multiple codes to accurately describe (e.g., causative reason, location)
- MUST use adverse reaction to properly administered therapeutic drugs E93-E949

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E-Codes - examples

- E849.1 Accident,farm/ranch(not farm house)
- E849.3 Accident at industrial place(work)
- E849.4 Accident at sport venue (e.g.park,gym)
- E880.9 Fall, stairs
- E881.0 Fall from ladder
- E882 Fall from building
- E883.0 Accident jumping/diving into water
- E884.0 Fall from playgound equipment
- E884.4 Fall from bed
- E884.5 Fall from furniture(not bed)

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E-Codes - examples

- E885 Fall/trip/stumble on same level
- E886.0 Fall/collision in sports (e.g.,tackle)
- E890.3 Burn caused by fire in home
- E892 Burn caused by fire not in bldg
- E900.0 Heat injury due to weather
- E902.1 Pressure change injury in aircraft
- E916 Struck by falling object(accident)
- E917.0 Struck by person/object in sports
- E918 Caught(accident) between movable objects

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E-Codes - examples

- E919.3 Injured by metalworking machines
- E919.4 Injured by woodworking machines
- E920.0 Injured by lawn mower
- E920.1 Injured by power hand tools
- E920.2 Injured by household appliances
- E920.3 Injured by knife/dagger
- E920.4 Injured by hand tool(not power)
- E920.5 Injured by hypodermic needle(needle stick)
- E920.8 Injured broken glass/paper cut,etc

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E-Codes - examples

- E922.0 Projectile,handgun
- E922.2 Projectile,hunting rifle
- E922.3 Projectile,military firearm
- E923.0 Explosive, fireworks
- E924.0 Burn, hot liquid/steam
- E924.1 Burn,corrosive substance
- E925.0 Electric current injury
- E927 Overexertion/strenuous move

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Outpatient Coding

- CPT procedure codes must be supported by ICD-9-CM diagnosis codes.

- Diagnosis codes (ICD-9-CM) must support:
  - Need for the place (location) of service where procedures were performed or services provided,
  - Level of care, and
  - Frequency of services/procedures reported

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Professional Services Coding

- Do not use Morphology of Neoplasms in professional services coding - in appendix A
  - Other good stuff in the appendix
  - Appendix B – Glossary of Mental Disorders
  - Appendix C – Classification of drugs by American Hosp Formulary Service List Number
- Do not use volume 3 for professional services coding (used in institutional coding)
  - Index to procedures (only for inpt procedures)
  - Tabular of procedures
    - Easy to tell inpatient procedures, only two numbers before the decimal point (CPT has 5 numbers w/o decimal, HCPCS as one character and four numbers w/o decimal, Diagnosis has three numbers before the decimal)

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Professional Services Coding - Misc

- Common Dx for your clinic on pick lists (templates) /super bills
- If you don't have a coder - recommend you find someone interested to answer the "mail" questions
- Questions, e-mail coding POC
  - Use adjectives; controlled, juvenile, benign, allergic, due to, residual, early, chronic, newborn, with obstruction, unilateral, recurrent, secondary to, with no loss of consciousness…

Hypertension

- **796.2 Elevated Blood Pressure Reading w/o Dx of Hypertension**
- **796.3 Nonspecific low blood pressure reading**
- **Hypertension with Heart Disease:**
  - **If a cause and effect relationship is stated, use a combination code.**
  - **If no relationship is stated, code hypertension and heart disease separately using separate codes.**
- **Hypertension with Renal Disease:**
  - **Use a combination code. A cause and effect relationship is not required.**

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Late Effects/Hx of CA

- Late Effect coding requires two codes:
  - Residual condition or nature of the late effect and
  - Cause of the late effect.
  - Residual condition is sequenced first, followed by the code for the cause of the late effect
- Previous surgery for Cancer: Use a code from the Alphabetic Index under “history of” when surgery has been performed to eradicate the cancer
  - Exception: chemotherapy/radiotherapy

Diabetes

- Diabetes: Use fifth digit of “1” of “3” for insulin dependent diabetes.
- Need 250.6x for $ for foot check, see CMS change request 2060 dated 1 Apr02 for HCPCS codes G0245/6/7
- Diabetes Complications:
  - Physician must document a cause and effect relationship between diabetes and chronic effects.
  - Code diabetes code first, then indicate the specific complication:
    - Diabetes with circulatory disorder:\

      250.7X & 443.81.

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Burns

- Code location of burn
- Code % of total burn/ % of 3rd degree

Pregnancy

- 5th digit
- 0 Unspecified as to episode of care or not applicable
- 1 Delivered, with or w/o mention of antepartum condition
- 2 Delivered, with mention of postpartum complication
- 3 Antepartum condition or complication
- 4 Postpartum condition or complication

Misc

- Status (post)
  - If you are treating a condition – it is not status post
  - Status post = history of

- For Physical Therapy and Occupational Therapy
  - V57/V58 is first diagnosis
  - Don’t code what no longer exists (fracture, dislocation)
  - Frequently after care or symptoms (e.g. pain)

Miscarriage/Abortion

- Be careful of using these codes. Federal law prohibits use of Government funds for abortions unless the life of the mother is in danger.
- Usually, the encounter is for a follow-up for an abortion, so code using V58.49 Other aftercare following surgery
- Look for extender for abortion/miscarriage codes

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Quick indications of dx quality

- 250.XX Diabetes, look for spread, not all 250.00
- 278.00/278.01 Obesity - underlying dx
- 305.1 Tobacco Use Disorder - systemic
- 380.4 Impacted Cerumen - reason to remove
- 401.1 Benign Hypertension - not 401.9
- 460 Common Cold
- 477.0 Allergic Rhinitis **due to Pollen**

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Quick indications of dx quality

- 493 Asthma – be aware of extender codes
  - 1-mild intermittent 2-mild persistent
  - 3-moderate persistent 4-sever persistent
- 640-648 & 651-676 Maternity codes, expect to see a 3 or 4 as 5th digit (1&2 indicate encounter for delivery)
- V10-15 Personal hx, used to identify target populations
- V15.82 Hx of tobacco use
- V16-18 Family hx, used to identify target populations

Quick indications of dx quality

- V26.4 Vasectomy counseling
- V58.8 Other Orthopedic Aftercare (e.g., plaster case, external splint)
- V58.9 Unspecified Orthopedic Aftercare
- V58.3 Attn to Surgical Dressings and Sutures
- V58.41 Encounter for Planned Post Op Wound Closure
- V58.49 Other Specified Aftercare Following Surgery

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Diagnosis - Prevention Codes

- V20.2 Well Baby/Routine Infant/Child
- V70.0 General Medical Exam
- V70.1 General Psych Exam, requested by authority
- V70.3 Camp, sport, pre-incarceration physical
- V70.4 Exam for Medicolegal (Blood-alcohol tests)
- V70.5 General Medical - Defined Population (see the DoD extender codes, use appropriate)

- Prevention - use E&M 9938X/9939X with the “prevention visit” codes

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Diagnosis - Prevention

- V72.3 Gyn Exam
- Annual Gyn exam, if you do a pap smear.
- V15.89 - Personal hx presenting hazards to health (1. Sexual activity before 16 yo; 2. more than 5 partners in lifetime; 3. Hx sexually transmitted dx; 4. Fewer than 3 negatives in past 7 yrs; 5. Exposed to DES in womb)
- V76.2 - Screen for malignant neoplasm of cervix

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Diagnoses continued

- NOS - not otherwise specified
  - try to be specific when you can, e.g. 401.1 instead of 401.9
- E-codes are now available
  - see sample pick list
- Pick Lists/Super Bills - one way to lessen the pain of ADM

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Pick Lists/Super Bills

- Helps ease the pain
- Makes consistency easier
- Avoid truncated miscoding errors
- Avoid incorrect use of NEC/NOS

Review

- Code what is Documented
- Alphabetic list
- Tabular list
- V-codes
- E-codes
- General coding info
- Pick Lists/Super Bills

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Objectives

- Identify steps for correct outpatient “Diagnosis” coding
- Examine how to look up the diagnostic code in the ICD-9-CM book/CD
- Recognize appropriate ICD-9-CM nomenclature
- Identify appropriate ICD-9-CM coding system for data collection
  - diagnoses
  - factors influencing health
  - causes of injury

Questions?

- E-mail your service POC:
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